

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -3 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P960000004742  
**1. Corporation Name**  
 SOUTHWEST THIRD STREET INVESTMENT, INC.

100024375141  
 11/03/03--01032--004 \*\*150.00

**REINSTATEMENT** 03

<b>2. Principal Office Address</b> 126 N.W. 18th Ct.		<b>3. Mailing Office Address</b> same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33125	Country DADE	Zip	Country

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	1-16-1996
<b>5. FEI Number</b>	65-0638496
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status
Applied For	Not Applicable

**7. Name and Address of Current Registered Agent**

Name  
FRANCISCO GODOY

Street Address (P.O. Box Number is Not Acceptable)  
126 N.W. 18th Court

Suite, Apt. #, Etc.

City  
Miami, FL

State  
FL

Zip Code  
33125

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pskd	FRANCISCO GODOY	126 N.W. 18th Ct.	Miami, Fl. 33125

**10.** I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:** Francisco Godoy  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO GODOY 10-30-03 643-1708  
 Date Daytime Phone #

President

CR2E081 (10/02)

October 30, 2003.

Dept. of State  
Division of Corp. (Reinstatement)  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: SOUTHWEST THRID STREET INVESTMENT, INC.  
DOCUMENT # 0960000004742

~~RESERVE, INC.~~

DOCUMENT # p01000074918

Dear Sir or Madam:

I am the President and Registered Agent of the corporations named above. This letter is to certify that I did not receive any notices regarding these corporations at the address they are both registered to.

Please I need them to be reinstated, and my lawyer has enclosed the checks necessary for the reinstatement without the penalty fee.

I thank you for your attention to this request.

Sincerely,



Francisco Godoy  
President and Registered Agent

Copy to my lawyer

October 30, 2003

Dept. of State  
Division of Corp. (Reinstatement)  
P.O. Box 6327  
Tallahassee, Fl. 32314

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DOCUMENT # 0960000004742

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